

Wayne State University
College Of Nursing, Detroit, Michigan 48202
5557 Cass Avenue

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Daniel J. Sheridan

Southwest Women Working Together 3201 West 63rd St.
Chicago, Illinois 60629

Dear Mr. Sheridan:

Your letter in the May issue of AJN just now came to my attention. First of all, let me say congratulations for having found the means to open a new shelter and secondly, how terrific I think it is that you are interested in providing nursing services at the shelter.

As a result of my masters thesis establishing a definite link between homicide of women by husbands, boyfriends and estranged same and former abuse of those women by the same men, I started working with a local shelter in Detroit called Women In Transition (WIT). On a volunteer basis I provided approximately 4 hours of nursing services to the women housed at the shelter and their children. I was also able to persuade a colleague of mine, another instructor at Wayne and a PNP, to provide the same services. WIT averaged approximately 20 women and 30 children in residence, during the 9 months we provided nursing care. It is now temporarily closed because of lack of funds.

We asked women to sign up if they wished to see us and also sought women out as referred by the regular staff.

In keeping with our belief in wholistic nursing care and health promotion, we not only dealt with physical health problems, but also dealt with the emotional issues that always seemed to be intertwined and did a great deal of health teaching. Each resident was asked to fill out a fairly simple health history upon admission or as soon afterwards as she felt ready. The history included stress indicators as well as the normal items on most nursing histories. We tried to screen the histories of newly admitted women to catch problems that needed immediate nursing attention. Although it was not done at WIT, I would also suggest a brief history being done on each child. Our experience was that the children had many health problems, perhaps due to the emotional turmoil of the home taking most of the mothers' attention. Some had been abused, and many mothers needed advice on parenting. A graduate student in nursing provided some play therapy for some of the children, and I would suggest that this be provided for the children at your children. They all have a great deal of working through to do on the situation, and in terms of primary prevention, nothing could be more important!

We had some outbreaks of diarrhea and virus colds which seem to be inevitable when there are many children living close together. It seems wise to expect this and have the appropriate diarrhea diet on hand, especially for the babies.

We found ourselves dealing with almost every kind of nursing problem imaginable- a significant number of pregnancies, several adolescents doing a great deal of acting out and even a geriatric hypertensive grandmother! I guess the philosophy needs to be, be prepared and allow some money in the budget for medical supplies. Also, be sure to make lots of good linkages with community health services. There were many problems like Blue Cross cards and prescriptions left at home and therefore unavailable which made for difficulties. Anything that can be done by the nurses in shelter is of enormous benefit, since the women are often overwhelmed with what needs to be done in terms of housing, legal services and trips to the police station. They just don't need more places to go and forms to fill out!

One thing that we found as we went along was that many of the women had been sexually abused and fed much sexual misinformation by their spouse about what women "should" do in order to please a man sexually. These were not topics talked about easily, needless to say, and we found that we had to ask gently and only after some trust was established. These concerns were seldom volunteered.

One further suggestion is to try to make contact with a major university's college of nursing. Nurses are just beginning to become cognizant of the problem of wife abuse, and I am sure that more content will be starting to be offered in curriculums. I am offering a course on "Violence in the Family" here at Wayne in the fall for the first time.

We are using various local shelters as a clinical setting, and obviously this is a good source of health services for the shelters. If you can get some graduate students in connection with nursing courses on the family or emotional problems of children etc., you have another good source of nursepower.

I hope this has been some help to you in making plans and implementing the program. I would appreciate your sending me any written description that you have of the nursing services when this is developed if it hasn't been already.

Feel free to ask other specific questions that you may have, stay off "soft" money if you can and good luck!

Sincerely,
Jacquelyn Campbell, RN, MS